

Name(s) as shown on Form N-11, N-12, or N-13

Your social security number

Caution: Please read the Instructions for Schedule X in your tax return instruction booklet carefully before completing this schedule.

PART I: THE FOOD TAX CREDIT

- 1 List YOURSELF, YOUR SPOUSE, AND YOUR DEPENDENTS if all the requirements in the box below are met.
You must provide more than half of the support for any dependent lists. Do not list minor children supported by public assistance.

Listed Person Must Meet All Requirements	Name	Name
a) Resident of Hawaii		
b) Present in Hawaii more than 9 months during 1996		
c) Not in prison, youth correctional facility, or jail for entire taxable year		
d) Cannot be claimed as a dependent by another taxpayer		

Enter the number of qualified persons listed above 1

- 2 List all MINOR CHILDREN RECEIVING MORE THAN HALF OF THEIR SUPPORT FROM PUBLIC AGENCIES, such as the Department of Human Services, who meet all the requirements in the box below.

Listed Person Must Meet All Requirements	Name	Social Security Number	Relationship to You
a) Resident of Hawaii			
b) Present in Hawaii more than 9 months during 1996			
c) Not in prison, youth correctional facility, or jail for entire taxable year			
d) More than half of support from public agency			
e) Not listed on any other Hawaii tax return			

Enter the number of children listed above. Also enter this number in the space provided on Form N-11, line 38;
or on Form N-12, line 49; or on Form N-13, line 19c 2

3 Add the number of qualified persons listed on lines 1 and 2 3

4 Multiply line 3 by \$27. This is your food tax credit. Enter here and on N-11, line 38; or on Form N-12, line 49;
or on Form N-13, line 19c 4 00

PART II: CREDIT FOR LOW-INCOME HOUSEHOLD RENTERS

- 1 Is your adjusted gross income less than \$30,000? If "No", **STOP**. You cannot claim this credit. If "Yes", go to Question 2.
2 Are you a resident who was present in Hawaii more than nine months of the taxable year? If "No", **STOP**. You cannot claim this credit. If "Yes", go to Question 3.
3 Can you be claimed as a dependent by another taxpayer? If "Yes", **STOP**. You cannot claim this credit. If "No", proceed to line 4.
4 Enter required information for each rental unit that was fully subject to real property tax. DO NOT list rental units that were wholly or partially exempt from real property tax. If you occupied more than three qualified units, submit the required information for each additional unit on a separate sheet. If you shared the unit with others, enter only YOUR SHARE of the rent.

4a Address (give Apt. No., if any) _____
Occupied From _____, 1996, To _____, 1996, Total rent paid for this period. \$ _____
month month

Owned by (or agent for owner) _____ # _____
name address (General Excise Tax License)

4b Address (give Apt. No., if any) _____
Occupied From _____, 1996, To _____, 1996, Total rent paid for this period. \$ _____
month month

Owned by (or agent for owner) _____ # _____
name address (General Excise Tax License)

4c Address (give Apt. No., if any) _____
Occupied From _____, 1996, To _____, 1996, Total rent paid for this period. \$ _____
month month

Owned by (or agent for owner) _____ # _____
name address (General Excise Tax License)

5 Add up YOUR SHARE of rent paid during the taxable year for all the units you have listed. 5
6 Enter the amount of your exclusions (e.g. utilities, parking stalls, ground rent, rental subsidies such as public assistance) 6
7 Line 5 minus line 6. If this amount is less than \$1,000, **STOP**. You cannot claim this credit 7
8 Enter the number of qualified exemptions. For taxpayer and spouse only: add an extra age exemption if age 65 or over 8
9 Multiply the number of exemptions on line 8 by \$50 and enter the result here and on Form N-11, line 39; or on Form N-12, line 50; or on Form N-13, line 19d. This is your low-income household renter's credit 9 00

PART III: CREDIT FOR CHILD DEPENDENT CARE EXPENSES**Section A: Care Provider Information**

1	(a) Care Provider's name	(b) Address (number, street, city, state and ZIP code)	(c) Identification number (SSN or EIN)	(d) General Excise Tax License Number	(e) Amount paid

2 Add the amounts in column (e) of line 1 and enter the total

2

3 Enter the number of qualifying persons who were cared for in 1996.

3

Section B: Employer-Paid Dependent Care Benefits — (If you did not receive benefits, skip to line 18)

4	If you filed a federal dependent care expense form, enter the amount from line 11 of either federal Form 2441 or Schedule 2 of federal Form 1040A and skip to line 13 below. Otherwise, enter the total amount of dependent care benefits you received from your employer for 1996. This amount should be in Box 10 of your W-2 form(s)	4	
5	Enter the amount forfeited, if any. (See the Instructions)	5	
6	Line 4 minus line 5	6	
7	Enter the total amount of qualified expenses incurred in 1996 for the care of the qualifying person(s) . .	7	
8	Enter the smaller of line 6 or 7	8	
9	Enter YOUR earned income	9	
10	If married filing a joint return, enter YOUR SPOUSE'S earned income (if student or disabled, see Instructions); if married filing separately, see the instructions for the amount to enter; all others , enter the amount from line 9	10	
11	Enter the smallest of line 8, 9, or 10	11	
12	Excluded benefits. Enter here the smaller of the following: (a) the amount from line 11, or (b) \$5,000 (\$2,500 if married filing a separate return and you were required to enter your spouse's earned income on line 10).	12	
13	Taxable benefits. If you filed federal Form 2441 or Schedule 2 of federal Form 1040A, enter the amount from line 20 of that federal form and skip to line 21 below. Otherwise, enter the result of line 6 minus line 12. Also, include this amount on Form N-12, line 7, or Form N-13, line 7. On the corresponding dotted line write "DCB" . .	13	
14	Enter the amount of qualified expenses you incurred and paid in 1996. DO NOT include on this line any excluded benefits shown on line 12	14	
15	Enter \$2,400 (\$4,800 if two or more qualifying persons)	15	
16	Enter the amount from line 12	16	
17	Line 15 minus line 16. If zero or less, STOP . You cannot take the credit. Exception. If you paid 1995 expenses in 1996 (see Instructions)	17	

Section C: Credit for Child and Dependent Care Expenses

18	Enter the amount of qualified expenses you incurred and paid in 1996. DO NOT enter more than \$2,400 for one qualifying person or \$4,800 for two or more persons. If you completed Section B, enter the smaller of line 14 or line 17	18																													
19	Enter YOUR earned income	19																													
20	If married filing a joint return, enter YOUR SPOUSE'S earned income (if student or disabled, see the Instructions); all others , enter the amount from line 19	20																													
21	Enter the smallest of line 18, 19, or 20, or line 7 on federal Form 2441, or line 7 on Schedule 2 of federal Form 1040A. .	21																													
22	Enter adjusted gross income from Form N-11, line 19; Form N-12, line 30; or Form N-13, line 11	22																													
23	Enter on line 23 the decimal amount shown below that applies to the amount on line 22.																														
<table> <tr> <td>If line 22 is:</td> <td>Decimal amount is:</td> <td>If line 22 is:</td> <td>Decimal amount is:</td> </tr> <tr> <td>\$0 — 22,000</td> <td>.25</td> <td>\$32,001 — 34,000</td> <td>.19</td> </tr> <tr> <td>22,001 — 24,000</td> <td>.24</td> <td>34,001 — 36,000</td> <td>.18</td> </tr> <tr> <td>24,001 — 26,000</td> <td>.23</td> <td>36,001 — 38,000</td> <td>.17</td> </tr> <tr> <td>26,001 — 28,000</td> <td>.22</td> <td>38,001 — 40,000</td> <td>.16</td> </tr> <tr> <td>28,001 — 30,000</td> <td>.21</td> <td>40,001 and over</td> <td>.15</td> </tr> <tr> <td>30,001 — 32,000</td> <td>.20</td> <td></td> <td></td> </tr> </table>				If line 22 is:	Decimal amount is:	If line 22 is:	Decimal amount is:	\$0 — 22,000	.25	\$32,001 — 34,000	.19	22,001 — 24,000	.24	34,001 — 36,000	.18	24,001 — 26,000	.23	36,001 — 38,000	.17	26,001 — 28,000	.22	38,001 — 40,000	.16	28,001 — 30,000	.21	40,001 and over	.15	30,001 — 32,000	.20		
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30,001 — 32,000	.20																														
23			X																												
24	Multiply line 21 by the decimal amount on line 23. Enter the result here and on Form N-11, line 40; Form N-12, line 51 or Form N-13, line 19e (Whole dollars only)	24	00																												

PART IV: MEDICAL SERVICES EXCISE TAX CREDIT**CAUTION: READ INSTRUCTIONS BEFORE COMPLETING THIS PART.**

1	Enter the name(s) of the nursing facility(ies) (Facility must have paid the 6% nursing facilities tax)		
2	Enter the total amount of your nursing facilities expenses paid by or for you throughout 1996.	2	
3	Percent of nursing facilities expenses allowed	3	x .06
4	Multiply line 2 by line 3. This is your medical services excise tax credit. Enter the result here and on Form N-11, line 41; or on Form N-12, line 52; or on Form N-13, line 19f (Whole dollars only)	4	00